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IF 3763

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/406,473
Filing Date	September 27, 1999
First Named Inventor	Stephen D. Pacetti
Group Art Unit	3763
Examiner Name	Loan H. Thanh
Attorney Docket Number	50623.00008

Total Number of Pages in This Submission

18

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Office Action (10 pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate)	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE) (in duplicate)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Statement of Common Ownership	<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input checked="" type="checkbox"/> Petition for Extension of Time (1 month (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 721155470 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

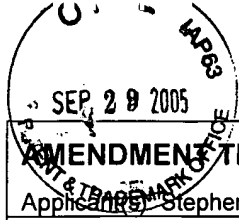
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Kristin C. Castle, Reg. No. 47,208
Signature	
Date	September 29, 2005

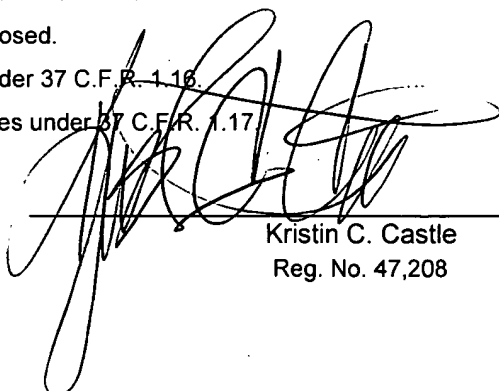
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 50623.00008		
Serial No. 09/406,473	Filing Date September 27, 1999	Examiner LoAn H. Thanh	Group Art Unit 3763		
Invention: Drug Diffusion Barriers for a Catheter Assembly					
TO THE COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as show below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16	99	0	X \$50.00	\$00.00
INDEP. CLAIMS	1	6	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$00.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.					
Dated: September 29, 2005 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200		 _____ Kristin C. Castle Reg. No. 47,208			